



Policy Advisory Committee Update

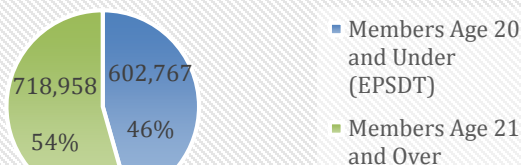
May 5, 2016

Medicaid and CHP+ Enrollment

Through March 31, 2016, Medicaid enrollment in Colorado reached **1,321,725** individuals and CHP+ enrollment increased to **54,057** individuals. To the right is a visual depiction of youth and adult Medicaid member caseload.

Additional information and county-by-county data can be found [on our website](#).

CO Medicaid Member Caseload
through 03/31/2016



Department Updating County Contacts

The HCPF County Relations team will be updating the Department's county contact lists for the 2016-17 fiscal year. Each county director will receive a County Communications Update form requesting specific points-of-contact for different areas.

County Contact(s)	Purpose
County	Provide County Department Name, Physical Address, Mailing Address, Medical Assistance Phone Number and Medical Assistance Fax Number for the Department website. Available To: General Public at colorado.gov/HCPF
County Director	General Director's communications, Incentives/Grants communications. Available To: Department Staff



Secondary Director Contacts, i.e., deputy directors, managers and supervisors	Will be included when a Director's communication is sent out; for escalations and other communications not requiring director involvement. Available To: Department Staff
<i>County Connections</i>	Staff who should receive the monthly HCPF county communication newsletter. Available To: Department Staff
Open Enrollment Escalation	For client case escalations during Open Enrollment. Available To: Department Staff, Connect for Health Colorado and Brokers
Medical Assistance (MA) Site Liaison	For multi-program case updates and escalations. Available To: Department Staff and Medical Assistance Sites
Deceased Client(s)	Department will share Regional Care Collaborative Organizations (RCCOs) reported client deaths to ensure cases are closed at the county level. Available To: Department Staff
Long Term Services and Supports (LTSS)/Long Term Care (LTC) supervisor and lead	For communications regarding LTSS/LTC issues and disability determination communications. Available To: Department Staff, Single Entry Points (SEPs), and Community Centered Boards (CCBs)
Child Welfare	For children receiving Medicaid benefits who are also involved in the Child Welfare system. Available To: Department Staff
Audits	To ensure Audits communications are routed to the correct contacts. Utilizers: Department Staff



Agency Letter 16-001

The purpose of Agency Letter 16-001 is to notify county eligibility sites of a new Declaration of Income Trust form. Additionally, the revised income trust packet offers clearer guidance on completing the new form, more detail on trustee responsibilities, and instructions for closing the trust when no longer needed for Medicaid eligibility.

HCPF Agency Letter 16-001 can be accessed ~~by clicking on the below~~ through these links:

- [Agency Letter 16-001](#)
- [Declaration of Income Trust form](#)
- [Instructions for Completing the Income Trust form](#)
- [Notice of Income Trust Closure](#)
- [Income Trust Ledger](#)

Federal Enhanced Match and Federal Medical Assistance Percentage (FMAP)

What is the difference between the federal enhanced match and FMAP?

The federal enhanced match, part of the Federal Financial Participation (FFP) rate, refers to funding that is utilized by counties for eligibility and enrollment activities through the county administration line item. The FMAP rate refers to the amount the Federal government pays for medical claims for Medicaid clients.

When will the federal match (FMAP) for the expansion end?

Under current law the federal match doesn't "end". Current law allows for enhanced federal matching funds for states ~~who that~~ expand Medicaid. This refers to the FMAP rate for expansion clients. The enhanced federal matching funds (FMAP) in current law do not have an expiration date and phase down over several years from 100% to 90% by 2020. Federal matching funds related to the Medicaid expansion are set in federal law; any changes would happen at the Congressional level and then be signed by the President. Below is the chart showing the federal share phasing down to 90%.

- 2014 - 100% federal funds
- 2015 - 100% federal funds
- 2016 - 100% federal funds
- 2017 - 95%; 5% hospital provider fee funds
- 2018 - 94%; 6% hospital provider fee funds
- 2019 - 93%; 7% hospital provider fee funds
- 2020 ongoing - 90%; 10% hospital provider fee funds

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.
www.colorado.gov/hcpf



What happens during the phasing down of federal funds?

As the federal match eases down to 90% by 2020 (it stays at 90% ongoing), the Sstate's share of costs will be paid for with hospital provider fee funds so Medicaid expansion does not impact the General Fund.

What does this phasing down of federal funds mean for counties?

The process for financing counties through FFP for Medicaid eligibility work remains the same during the tapering of FMAP funds. As in year's past, county administrative funds, including the FFP's federal enhanced match, go to the General Assembly for consideration.

Provider Revalidation & Enrollment

Revalidation & Enrollment Information Center – NEW!

To better aid providers with Revalidation and Enrollment questions, the Department created the Colorado Medicaid Revalidation and Enrollment Information Center.

Providers may still send emails regarding the status of their application(s) to Provider.Questions@state.co.us; however, effective May 1, 2016, providers may also dial **1-800-237-0757, option 5**, to speak with a representative.

The Colorado Medicaid Enrollment and Revalidation Information Center is available Monday through Friday from 8 a.m. to 5 p.m. but will be closed from 12 p.m. to 1 p.m.

Provider Revalidation & Enrollment – Update

Many Colorado Medicaid providers have not yet begun the Provider Revalidation process. Although the Centers for Medicare and Medicaid (CMS) has extended its deadline for states to complete provider revalidation, it is important that providers ***complete revalidation and/or enrollment as soon as possible***. By completing the revalidation/enrollment process now through the [Online Provider Enrollment \(OPE\) tool](#) providers will not experience any delay in payment when the new enrollment and claims management system, Colorado interChange, launches on **October 31, 2016**. Starting on that date, claims and encounters submitted by providers who have not enrolled and/or revalidated will be denied.

Please **do not** begin the application before reviewing all of the training resources available online. An incorrect or incomplete application requires additional review, which may add **weeks** to processing time. [Revalidation and Enrollment instructions](#) are available online. Be sure to review the [Information by Provider Type](#) before you begin the online training, as it will help you select the correct training. The [Provider Enrollment](#)



[Manual](#) also includes valuable information to help providers complete applications correctly.

Questions may be sent to Provider.Questions@state.co.us or our new Information Center at 1-800-237-0757 (option 5).

Legislative Update

The Department has three bills on its legislative agenda this session:

- Elimination of Obsolete Reports
- Reducing Regulation for Non-emergent Medical Transportation Providers
- Medicaid Option for Prescribed Drugs by Mail

Brief descriptions of these bills are below; full bill descriptions are available through the provided hyperlinks.

[HB16-1081](#): Obsolete Reporting Department of Health Care Policy & Financing

This bill repeals certain obsolete reporting requirements of the Department and other providers.

Status: 3/18/2016 Signed by the Governor

[HB16-1097](#): PUC Permit for Medicaid Transportation Providers

The bill creates a new category of non-emergency transportation carriers to serve Medicaid clients.

Status: Passed House 64-1; Passed Senate Transportation 5-0

[SB16-027](#): Medicaid Option for Prescribed Drugs by Mail

This bill allows Medicaid members the option to receive prescribed medications used to treat chronic medical conditions through the mail.

Status: Awaiting Governor's Signature

Call for Medical Services Board Members - Reminder

The Medical Services Board and the Department are seeking individuals who are interested in becoming members of the Medical Services Board. The [Medical Services Board](#) is responsible for adopting regulations that govern the Department's programs. Members of the Board represent various areas of health care services. Applications are submitted through the [Governor's Office of Boards and Commissions](#).



Regular meetings of the Medical Services Board are scheduled in Denver the second Friday of each month at 9:00 a.m., at 303 East 17th Avenue, 11th floor conference room. Board meetings are open to the public and testimony is welcomed. [Contact information and member biographies are available on the web site.](#)

You can also find agendas and draft copies of proposed rules on the Department website one week prior to each meeting on the Meeting Schedule page. For those who cannot attend meetings in person, a live audio broadcast of Board meetings is available on the [Live Broadcast](#) web page.

New Look to Medicaid Cards Coming in March - Reminder

Medicaid in Colorado will soon be known as "Health First Colorado." **The Department will introduce this exciting change beginning this June**, with updates to member communications taking place through the end of the year.



Department stakeholders, contractors, community organizations and other interested parties will receive invitations to webinars introducing the new name, and public resources will be available online to help organizations update print and digital materials to reflect the new name.

Look for invitations to the webinars by email to arrive in May and stay tuned for additional updates on this exciting change!

For more information, visit the [Health First Colorado web page](#).

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